

1250 Jordan Creek Parkway
West Des Moines, Iowa 50266
Phone: (515) 267-1500
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West Des Moines

HOTELS*RESORTS*SUITES

NOTIFICATION FOR DIRECT BILLING

Name of Business or Association _____

Name of Authorized Representative _____

Billing Address _____

Attention of _____ Phone # _____

Bank References

Name of Bank _____ Account # _____

Guarantee/Charge to Credit Card # _____

Authorized Signature _____

Hotel References

Hotel _____ Hotel _____ Hotel _____

Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____

Is your group exempt from state sales tax? ____ Yes ____ No

If yes, please attach a copy of the exemption certificate.

Note: The undersigned agrees to make immediate payment upon receipt of statement. In the event such a payment is not made within 25 days after receipt of the original statement, it is agreed that the hotel may immediately impose a LATE PAYMENT CHARGE at the rate of 1.5% per month (18% Annual Rate), or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fee. Additionally, future requests for Direct Billing may be denied.

I hereby authorize the West Des Moines Marriott to verify the above information.

Name _____ Title _____

Date _____